

# ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Place of Birth Miami County Eula No.        St.         
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
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DATE OF BIRTH\* Nov. 18, 1922  
(Month) (Day) (Year)

FULL NAME Jose Fernandez FATHER

FULL MAIDEN NAME Jessie Carrasco MOTHER

I HEREBY CERTIFY that the child described  
herein has been named

Gloria Maria Fernandez

(Give name in full)

(Surname)

Mrs. J. Fernandez  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 11-41 A.P.

769-1118-136